MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/679,215 | FILING DATE

APPLICANT(S)

4/26/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51					
2				/			52					
3				/			53					
4				/			54					
5				/			55					
6				/			56					
7				/			57					
8				/			58					
9				/			59					
10				/			60					
11				/			61					
12				/			62					
13				/			63					
14				/			64					
15				/			65					
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18				/			68					
19				/			69					
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23				/			73					
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25				/			75					
26				/			76					
27				/			77					
28				/			78					
29				/			79					
30				/			80					
31				/			81					
32				/			82					
33				/			83					
34				/			84					
35			1				85					
36				/			86					
37				/			87					
38				/			88					
39				/			89					
40				/			90					
41				/			91					
42				/			92					
43				/			93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		↵		↵		↵	TOTAL IND.		↵		↵	
TOTAL DEP.							TOTAL DEP.	↵		↵		↵
TOTAL CLAIMS							TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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